



RECORDS AUDIT FORM

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|---|---|
| 1. RECORDS SERIES TITLE: | |
| 2. DESCRIPTION: [Describe function/purpose of fileset, type of documents, data captured, outputs,etc.] | |
| 3. FORMAT/MEDIUM: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Microform <input type="checkbox"/> Audiovisual <input type="checkbox"/> Other _____ | 4. FILESET ARRANGEMENT: <input type="checkbox"/> Subject file classification system <input type="checkbox"/> Alphabetical by: <input type="checkbox"/> Numerical by: <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical by: |
| 5. DUPLICATION: Is this information elsewhere? (e.g. electronic dataset) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain where and db name, if applicable: | 6. IS ANY INFORMATION CONFIDENTIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, cite authority: |
| 7. RETENTION: How long must this information be accessible? Cite any laws/regulations that authorize retention: | |

OFFICE ADMINISTERING THE RECORDS:

CONTACT NAME/PHONE NO:

DATE PREPARED:

Complete form & send to:

D. Dawson, CRM or Chris Hieb, Records Analyst
Records Analyst
Records & Information Management Program
POB 110525
141 Willoughby
Juneau, AK 99811-0525